

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/15/2012
FORM APPROVED
OMB NO. 0938-0391

45th 12/31/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445484	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2012
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NAME OF PROVIDER OR SUPPLIER SENATOR BEN ATCHLEY STATE VETERANS' HOME	STREET ADDRESS, CITY, STATE, ZIP CODE ONE VETERANS WAY KNOXVILLE, TN 37931
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 021
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:

- a) the required manual fire alarm system;
 - b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and
 - c) the automatic sprinkler system, if installed.
- 18.2.2.2.6 7.2.1.8.2

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to assure corridor fire doors were maintained and closed to a positive latch.
The findings include:
Observation and interview with the Maintenance Director, on November 13, 2012 at 10:00 a.m. confirmed the corridor fire door next to the activity dining room was missing its latching hardware and would not close to a positive latch.

This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 13, 2012.

K 050
SS=F

NFPA 101 LIFE SAFETY CODE STANDARD

K 021

The door has been repaired
And all doors have been inspected
To ensure positive latch. A preventative
Maintenance program is in place
To ensure that positive latch
For doors is maintained.

K 050

12/15/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

12/3/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to staff was familiar with fire procedures. The findings include: Observation during a fire drill on November 13, 2012 at 3:20 p.m. confirmed the person discovering the fire failed to call out the required code phrase, failed to check the resident room and bathroom and failed to close the door to the resident's room. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on on November 13, 2012.	K 050	All staff will be retrained by The Maintenance Director Or designee on the Proper procedures for fire drills. Fire drills are conducted quarterly On all shifts and will be performed Monthly for 3 months to ensure all staff Respond accordingly.		12/15/12

DEC 04 2012